Exh 8

NATIONAL IMMIGRANT JUSTICE CENTER

Acting Field Office Director, Kenneth Genalo
U.S. Immigration & Customs Enforcement
Enforcement and Removal Operations
26 Federal Plaza
9th Floor, Suite 9-110
New York, NY 10278

January 6, 2025

Sent via email to: kenneth.genalo@ice.dhs.gov.
Jaime.N.Rodriguez@ice.dhs.gov

Re: Robert Panton (A031 257 320)
REQUEST FOR EXTENSION OF DEFERRED ACTION

Dear Acting Field Office Director Genalo,

I am writing on behalf of my client Robert Savio Panton (Mr. Panton) to respectfully request that your office extend your prior grant of deferred action by twelve to twenty-four months. On September 25, 2024, Mr. Panton was granted deferred action by the New York Field Office. The deferred action grant expires on March 25, 2024.

Mr. Panton, a community leader and youth mentor in Harlem, warrants an extension of deferred action out of medical necessity while his application for U nonimmigrant status remains pending. Mr. Panton suffers from serious chronic pain and is currently working with his surgeon, Dr. Steven Struhl, to schedule surgery on his right knee as soon as possible in 2025. Ex. C, Medical Record from Dr. Steven Struhl. His upcoming surgery follows two years of treatment by a team of specialists in New York for Mr. Panton's complex, chronic pain, which he has been unable to treat with physical therapy. Following the surgery, Mr. Panton will require rehabilitation and ongoing care to ensure proper healing under the care of his Physiatrist and Pain Management specialist. Ex. B, Declaration of Mr. Panton. Once recovered, he plans to move forward with recommended back surgery. *Id;* Exs. D- G, Medical Records documenting back and hip injuries.

Mr. Panton therefore requests an extension of his current grant of deferred action due to his medical condition such that he will be able to receive necessary, planned medical care from a team of doctors who have been treating him for years. Not only would deportation prevent him from obtaining a necessary surgery, but, due to the inadequate medical system in Jamaica, deportation at this time would exacerbate Mr. Panton's pain and jeopardize his long-term health.

Mr. Panton also has a pending application for U non-immigrant status and a motion to reopen his removal proceedings with the Board of Immigration Appeals (BIA). Exs. I, J. Mr. Panton's case has garnered the support of numerous elected officials including: U.S. Representatives Adriano Espaillat (D-NY 13) and Jerrold Nadler (D-NY 12), and U.S. Senators Kristin Gillibrand (NY) and Chuck Schumer (NY), dozens of civil society organizations, and even

the original prosecutor in his criminal case, Henry De Pippo, and Judge Preska of the Southern District of New York. Exs. L-Q.

Since his release from detention four years ago, Mr. Panton has complied with all supervision requirements, and has devoted himself to vital, community service work in Harlem. Given his imminent surgery, available relief from deportation, extensive family ties, and demonstrated rehabilitation, Mr. Panton respectfully requests an extension of his deferred action status for two years to ensure his health and proper consideration of relief by USCIS and other agencies. Attached is a signed G-28. Ex. A.

Included with this request are the following supporting exhibits:

- Exhibit A, G-28
- Exhibit B, Declaration of Robert Panton
- Exhibit C, Medical Records from Dr. Stevel Struhl documenting upcoming surgery
- Exhibit D, Disability Certificate from Dr. Joyce Goldenburg
- Exhibit E, Medical Evaluation by Dr. Joyce Goldenburg
- Exhibit F. Letter from Dr. Haider regarding pain from Spondylolysis
- Exhibit G, MRI Exam Reports 2022-2024
- Exhibits G1-3, Reports on recovery from orthopedic surgery
- Exhibit H, Country Conditions Evidence documenting Jamaica's inability to provide necessary medical care.
  Exhibit I, USCIS Receipt Notice for pending application for U non-immigrant status
- Exhibit J, BIA Notice of Receipt
- Exhibit K, Judge Preska
- Exhibits L-CC, Letters of Support from Elected Officials, Community Leaders, Family and Friends including, but not limited to:
  - U.S. Representative Adriano Espaillat (D-NY 13)
  - U.S. Representative Jerrold Nadler (D-NY 12)
  - Henry DePippo, original prosecutor in Mr. Panton's criminal case
  - NYC Councilmember Yusef Salaam
  - 75 civil society organizations
  - NYPD Officer Dajon Panton

**Full Index of Exhibits Enclosed herein*

I. Case Summary

Mr. Panton has now benefitted from stays of removal and deferred action for three and a half consecutive years.[1] During that time, he has focused on giving back to his family and community. His exemplary record in the last nearly four years heavily councils in favor of an

[1] Please see prior applications for deferred action and stays of removal submitted to ICE in 2021, 2022, 2024 and 2024. The contents of these requests may be made available upon request. These requests provide a detailed summary of Mr. Panton's life and the details of his case.

extension of deferred action and builds on a long and impressive history of rehabilitation following a single conviction more than 30 years ago. He is eligible for relief from deportation with a pending application for U non-immigrant status and a pending motion to reopen with the Board of Immigration Appeals. **Now, his serious medical conditions and planned surgery over the next year further warrant an extension of deferred action for 12 to 24 months.**

Mr. Panton came to the United States at only four years old and resided in the United States as a lawful permanent resident for over 50 years. He grew up in Harlem, New York, where drugs were omnipresent. In 1992, Mr. Panton was convicted in the Southern District of New York on one count of conspiring to distribute and possess with intent to distribute more than a kilogram of heroin between April 1988 and May 1989 in violation of 21 U.S.C. §§ 821, 841(a)(1), and 841(b)(1)(A). His conviction related to his low-level role in holding money for a drug distribution location that was part of a broader conspiracy case, when he was a young man in Harlem.

In August 2020, drug sentencing reforms permitted Judge Preska of the Southern District of New York to release Robert, reducing his sentence to time served plus one week and finding that he was **"fully rehabilitated".** Ex. K, *United States v. Panton*, No. 89 Cr. 346 (S.D.N.Y. Aug. 4, 2020)). She found that releasing Mr. Panton was warranted given "exceptional and compelling circumstances". *Id*. She observed that while incarcerated, Robert had taken advantage of "**every opportunity to improve himself and to prepare for a law-abiding, productive life."** *Id.* Judge Preska further noted that Mr. Panton had been hospitalized in 1990 with Legionnaire's Disease and in 2011 with Pneumonia; these illnesses – coupled with high blood pressure – put him at greater medical risk. *Id.*

His extensive rehabilitation and remorse are detailed in past requests, but in summary, during his incarceration, Mr. Panton dedicated himself to pursuing his education, obtaining his Bachelor's degree and a paralegal certificate, and mentoring others, most notably as a founding mentor of the "Slow Down Program" in Atlanta. Ex K. *See also* Ex CC, Letter of Support by Tyrone Ward. He also maintained strong relationships with his family, including his three children. *See generally* Exs. S- U (letters of support from Mr. Panton's children for his pardon application). Dajon Panton, his youngest, is now a New York City Police Officer thanks to his father's mentorship. Ex S, Letter of Support by Dajon Panton.

Since his return to Harlem in 2021, Mr. Panton has partnered with poet laureate Mahdi Salaam to found the "Too Young To Die" campaign, focusing on mentorship and support to at risk-youth. He was awarded the Community Warrior Award in 2023 by local non-profit organizations and has partnered with numerous community institutions including Chambers Memorial Baptist Church, Lead by Example Reverse the Trend, and Holistic Harlem. Ex R, Community Warrior Award; Ex. AA Letter by Deacon Swann Streety. In the last year, Mr. Panton has continued to give back to his community by continuing to develop programming for youth and mentoring young people in need. Ex V, Letter from Sheila Davis Dotson (telling the story of Robert's support for a young person struggling with substance abuse). His positive impact on his community, along with his strong family ties and overwhelming evidence of rehabilitation warrant another favorable exercise of discretion.

II. Mr. Panton's Medical Conditions and Upcoming Surgery for Chronic Pain Warrant a Grant of Deferred Action.

Mr. Panton has suffered from chronic pain in his back, neck, and right knee for the last two years due to a series of accidents. In January 2022, Mr. Panton was a passenger in a car that was T boned, and he severely injured his neck, back, and right knee to such a degree that he was certified as disabled by Dr. Joyce Goldenberg of the Central Park Physical Medicine and Rehabilitation, P.C. Ex D. An MRI after the accident also revealed "posterior disc herniation" at L5 and L4 impinging on nerve roots, and disc herniations at C5-6 and C3-4 and C4-5 impinging upon the spinal cord and the thecal sac. Ex G.

In addition to his back injury, Mr. Panton tore the meniscus in his right knee and Dr. Steven Struhl operated on the knee on June 24, 2022, in New York City. While recovering from surgery, Mr. Panton fell and further damaged his right knee in July 2022. Since then, his medical records document "anterior right knee pain, popping and clicking as well as giving way of the knee". Ex. C, Documents from Dr. Steven Struhl.

Over the next two years, Mr. Panton underwent extensive physical therapy in order to avoid surgeries to his back, hip, and knee advised by doctors. Ex C; Ex. B, Declaration of Robert Panton. He continues to suffer from Spondylosis, a stress fracture through the pars interarticularis of the lumbar vertebrae, which results in "chronic central lower back pain with numbness and tingling sensations in both feet." *See* Ex. F, Letter from Dr. Haider, Metropolitan Hospital Center. In the last six months, Mr. Panton's "muscle spasms have been so bad that on some days [he] can't walk and [he has] to stay in bed." Ex. B. He is also recovering from a concussion that has resulted in dizziness and memory issues. Ex. B.

Due to ongoing chronic pain, Mr. Panton recently underwent another round of MRI scans. Ex G. An MRI of his hip revealed damage to the cartilage and tissue in the hip socket, which is an indicator of osteoarthritis. *Id.* An MRI on March 7, 2024, to his right knee showed "meniscectomy, chondral loss on the trochlea and lateral femoral condyle, and an effusion." *Id*. Mr. Panton is coordinating care with several different doctors' offices in New York who collectively recommend surgery on his back and right knee. Following advice from doctors, Mr. Panton has elected to first repair the meniscus tear in his right knee and Dr. Steven Struhl's office is in the process of scheduling the surgery in New York for 2025. Ex C.

Due to his complex, chronic pain, Mr. Panton will have a difficult recovery that requires him to continue long-term physical therapy to regain muscle strength. His physiatrist, Dr. Joyce Goldenberg will provide extensive rehab and physical therapy in New York to avoid reinjury to the knee. Ex. B. Mr. Panton hopes that once he has recovered from his knee surgery, he will be healthy enough for back surgery that has been recommended by doctors in New York. Ex. B; Ex. E (documenting recommended back surgery).

In Harlem, Mr. Panton has access to high-quality medical care from a team of doctors who have been treating him for several years now and are familiar with his case. Mr. Panton also has health insurance through New York City's Metro Health Plus program. His medical team includes: Dr. Haider, his primary care physician, Dr. Steven Struhl, his orthopedic surgeon, Dr. Thomas Youm, an orthopedic hip surgeon, Dr. Joyce Goldenberg, a physiatrist, and Dr. Dr. Peter Kwan, a neurologist. Ex B.

Finally, Mr. Panton has the support of his two sons. Aaron Jenkins is in the process of moving in with Mr. Panton in New York and will assist Mr. Panton in the immediate aftermath of his recovery. NYPD Officer Dajon Panton and his wife also live very close to Mr. Panton, see him regularly and have been a primary support to Mr. Panton for several years now. Ex B, Declaration of Mr. Panton.

However, if deported to Jamaica, he would lose his health insurance, his long-standing medical team, and access to appropriate treatment. Ex H (Jamaica Country Conditions Evidence). The Multidisciplinary Poverty Index of 2022 found that Jamaica had the highest health care deprivation as compared to any other Latin American and Caribbean country. Ex. H at 54. A concerning 80% of Jamaicans do not have health insurance because it is unaffordable and rely instead on public hospitals that are drastically understaffed, difficult to reach due to poor transportation options, and dangerously underfunded. There are only 1.32 primary care doctors for every 1,000 civilians in Jamaica. *Id* at 54. The number of specialists is even lower with some subspecialties having no representation. *Id.* Even where there is a doctor available, surgeries are frequently cancelled because there are no nurses able to assist. Ex. H at 46. Reporting documents that some hospitals lack working equipment for diagnostics, rending it difficult to properly diagnose chronic pain. *Id.*

Jamaica's dangerously underdeveloped health care system would jeopardize Mr. Panton's health. Not only would he be unable to receive proper surgeries in Jamaica, but he would be unable to access appropriate care for recovery including but not limited to physical therapy and rehabilitation, ongoing pain management medication, and accessible transportation for his ongoing disabilities. Ex. G1, G2. A critical component of recovery is also stability, low stress, and access to familial support, all of which would be destroyed by his deportation to Jamaica. Ex. G3.

He therefore merits a grant of deferred action so that he may move forward with planned, necessary surgical interventions with his team of doctors in the United States and safely recover and recuperate under medical supervision and with family support.

III. Mr. Panton Warrants Extension of Deferred Action Given His Pending Application for U Non-Immigrant Status and Pending Motion to Reopen His Removal Proceedings With the BIA.

Mr. Panton filed an application for U non-immigrant status on December 21, 2023, and received a receipt notice from USCIS dated January 17, 2024. *See* Ex I, USCIS Receipt Notice. His application remains pending. Mr. Panton is eligible for U non-immigrant status as a victim of a shooting in New York City in 1991, which resulted in serious injuries and hospitalization. Mr. Panton cooperated with the police investigation.

Mr. Panton was previously unable to pursue an application for U non-immigrant status due to severe delays by the New York Police Department (NYPD) in processing his request for certification during a global pandemic. Mr. Panton had originally requested certification from NYPD in 2020 during the early stages of his removal proceedings. However, Mr. Panton did not receive the requisite certification until December 2023.

Mr. Panton has applied for a waiver for his conviction as part of his application to USCIS

and he filed a motion to reopen his removal proceedings with the Board of Immigration Appeals (BIA) on April 11, 2024. It was received and accepted by the BIA on April 15, 2024. Ex J, BIA Filing Receipt. If reopened, he would be afforded the opportunity to seek a waiver of his conviction from an Immigration Judge under existing Seventh Circuit precedent. Reopening would considerably expedite the adjudication of his application for U non-immigrant status. Mr. Panton is awaiting a decision by the BIA.

USCIS processing times for U Visa application are now 51.5 months and have been getting progressively longer. Mr. Panton's application will therefore not be reviewed before March 2025, and he therefore merits an extension of his deferred action status.

IV. Mr. Panton Does Not Pose a Threat to Public Safety

Mr. Panton's sole negative factor in his request for deferred action is his conviction that occurred over thirty years ago. He has fully complied with and completed probation and has had no interactions with law enforcement since his release from ICE custody. Thus, his sole, three-decade old conviction should not outweigh the overwhelming positive factors in his case. A non-violent conviction arising from events more than three decades ago does not support a finding of a *current* threat to public safety.

Mr. Panton does not dispute that this offense was of the utmost seriousness. Nevertheless, he has clearly paid his debt to society by serving almost 30 years in prison and it would be unduly harsh to deport him after his remarkable rehabilitation. As Judge Preska stated when granting Mr. Panton compassionate release from the criminal legal system, "[t]here can be no doubt that Mr. Panton has fully rehabilitated himself, and there is no need for further incarceration to protect the public from additional crimes by Mr. Panton." *See* Exh. K. These judicial findings offer strong and persuasive evidence in support of Mr. Panton's request for deferred action.

CONCLUSION

In short, there is no compelling reason to deport Mr. Panton from the United States and the planned, necessary medical care Mr. Panton will receive over the next year further compels an extension of his deferred action status. As a 58 years old, disabled man with chronic pain, Mr. Panton needs to be under the care of his team of doctors and benefit from the support of his extended U.S. citizen family, including sisters, children, and grandchildren who love and support him.

It would be unjust to deport him for a crime that he committed over thirty years ago. When considering the totality of the circumstances—Mr. Panton's pending applications for relief, long-term LPR status, his advanced age, his exemplary record during his time in prison, his work with at-risk youth, and his extensive family support—it is clear that he does not currently pose a threat to the public. Therefore, we respectfully request that this office grant his request for deferred action due to medical necessity.

Respectfully submitted,

/s/ Olivia Abrecht
Olivia Abrecht
Detention Project Staff Attorney
National Immigrant Justice Center
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NATIONAL IMMIGRANT JUSTICE CENTER

Enclosed: Index of Exhibits

Exhibit A	G-28, signed by Mr. Panton
Exhibit B	Declaration of Mr. Robert Panton
Exhibit C	Medical Records from Dr. Steven Struhl
Exhibit D	Medical Record from Dr. Joyce Goldenburg Re: Disability
Exhibit E	Medical Evaluation by Dr. Joyce Goldenburg
Exhibit F	Medical Record from Dr. Haider Haider
Exhibit G	MRI reports from 2022- 2024
Exhibit G1	Cleveland Clinic, Meniscus Surgery: Meniscus Repair & Meniscectomy, April 15, 2021, my.clevelandclinic.org/health/treatments/21508-meniscus-surgery
Exhibit G2	NYU Langone, Surgery for Spondylolisthesis, available at https://nyulangone.org/conditions/spondylolisthesis/treatments/surgery-for-spondylolisthesis
Exhibit G3	Julia Metraux and Dana Ingemann, *Post Surgery Depression Isn't Uncommon—Know the Signs,* Health.com, Aug. 7, 2024, available at: https://www.health.com/condition/depression/depression-after-surgery
Exhibit H	Country Condition Evidence Regarding Lack of Health Care in Jamaica

- US EMBASSY IN JAMAICA, *Medical Assistance*, Aug. 01, 2024, available at: https://jm.usembassy.gov/medical-assistance/

- Dr. Paul Edwards & Dr. Ernest Madu, *Issues affecting health care access,* JAMAICA OBSERVER, March 5, 2023, available at https//www.jamaicaobserver.com/2023/03/05/issues-affecting-health-care-access/

- JAMAICA OBSERVER, *The indignity of being poor and sick in Jamaica,* May 13, 2023, available at:

https://www.jamaicaobserver.com/2023/- 05/13/the-indignity-of-being-poor-and-sick-in-jamaica/

- THE BORGEN PROJECT, *Access To Quality Health Care in Jamaica, June 24, 2023, https://borgenproject.org/quality-health-care-in-jamaica/*

- THE GLEANER, 'Treated like animals' - Jamaicans decry health care workers in new survey, Nov. 13, 2016, available at: https://jamaica-gleaner.com/article/lead-stories/20161114/treated-animals-jamaicans-decry-health-care-workers-new-survey
-
- THE CONVERSATION, Men deported to Jamaica are being set up for failure, Dec. 9, 2022, https://theconversation.com/men-deported-to-jamaica-are-being-set-up-for-failure-151261

Exhibit I	USCIS Receipt Notice for Mr. Panton's Application for U non-immigrant Status
Exhibit J	BIA Receipt of Filing
Exhibit K	Memorandum & Order (S.D.N.Y. Aug. 4, 2020) (Preska, J.)
Exhibit L	Letter of Support from Henry DePippo (former Assistant U.S. Attorney)
Exhibit M	Letter of Support from U.S. Representative Adriano Espaillat (NY-13)
Exhibit N	Letter of Support from U.S. Representative Jerrold Nadler (NY-12)
Exhibit O	Letter of Support from NYC Councilmember Yusef Salaam
Exhibit P	Letter of Support from 45 National Civil Society Organizations for Presidential Pardon
Exhibit Q	Letter of Support from 30 New York Organizations for Presidential Pardon
Exhibit R	Community Warrior Award
Exhibit S	Letter of Support from NYPD Officer Dajon Panton (Mr. Panton's son)
Exhibit T	Letter of Support from Shamecca Panton (Mr. Panton's daughter)
Exhibit U	Letter of Support from Aaron Jenkins (Mr. Panton's son)

Exhibit V	Letter of Support from Sheila Davis Dotson (Mr. Panton's friend)
Exhibit W	Letter of Support from Antonio Hendrickson, founder of Lead by Example
Exhibit X	Letter of Support from Kandel Cornwall (Mr. Panton's Sister)
Exhibit Y	Letter of Support from Grace Carrington (Mr. Panton's Sister)
Exhibit Z	Letter of Support from Deacon Swann Streety of Chambers Memorial Baptist Church
Exhibit AA	Letter of Support from Wendy Thorton (Mr. Panton's friend)
Exhibit BB	Letter of Support from Tyrone Ward (Mr. Panton's Mentee)

A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): Abecht

2.b. Given Name (First Name): Olivia

2.c. Middle Name:

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 818

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Chicago

3.d. State: IL 3.e. ZIP Code: 60690

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 3122241348

5. Mobile Telephone Number (if any): 3122241348

6. Email Address (if any): oabrecht@immigrantjustice.org

7. Fax Number (if any): 3122241348

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: Illinois Supreme Court

1.b. Bar Number (if applicable): 6343286

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): National Immigrant Justice Cen

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization:

2.c. Date of Accreditation (mm/dd/yyyy):

3. ☐ I am associated with _____, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate:

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☒ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

Deferred Action and I-246

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

▶

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☒ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): Panton

6.b. Given Name (First Name): Robert

6.c. Middle Name: Savio

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

▶

9. Client's Alien Registration Number (A-Number) (if any)

▶ A- 0 3 1 2 5 7 3 2 0

Client's Contact Information

10. Daytime Telephone Number: 9546769788

11. Mobile Telephone Number (if any): 9546769788

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: 135 W 123rd St

13.b. ☒ Apt. ☐ Ste. ☐ Flr. 1A

13.c. City or Town: New York

13.d. State: NY **13.e.** ZIP Code: 10027

13.f. Province

13.g. Postal Code

13.h. Country: USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Robert Ponton

2.b. Date of Signature (mm/dd/yyyy) 8/7/2024

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 08/12/2024

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): Panton

1.b. Given Name (First Name): Robert

1.c. Middle Name: Savio

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d.

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

B

SWORN DECLARATION
ROBERT PANTON (A 031-257-320)

I, Robert Savio Panton, declare under penalty of perjury that the following is true to the best of my knowledge and memory.

1. My name is Robert Savio Panton. I was born in Kingston, Jamaica, on December 31, 1965. I have lived in the United States nearly all of my life and have few memories of Jamaica.

2. This affidavit is to update Immigration and Customs Enforcement regarding my current medical conditions and my treatment here in the United States.

3. I am currently being treated by a team of doctors for chronic pain, which has been debilitating for the last two years. My primary care doctor is Dr. Haider at Metropolitan Hosptial. He has connected me to a team of specialists in New York which include three different orthopedic surgeons, a pain management specialist, a physiatrist, and a neurologist.

4. I already had to have one surgery on my knee in 2022 and I have worked hard at physical therapy. Unfortunately, my pain has only worsened, and I am now scheduling a second knee surgery, and I plan to have back surgery after that.

5. My deportation in March would cut me off from my medical team and jeopardize my recovery. I hope you will consider my planned medical operations and grant me an extension of my deferred action status so that I can receive necessary treatment and recover properly under the supervision of my medical team in New York with assistance from my family in New York.

6. I have a history of hypertension, and I have arthritis in my hip and nerve damage in my face from when I was the victim of a shooting in 1991. This incident is the basis for my application for U non-immigrant status.

7. However, my most significant pain currently stems from a series of accidents I have suffered in the last two years. In January 2022, I was a passenger in a car that was T-boned. I was badly hurt and was taken to the hospital in an ambulance. My most serious injuries were to my back, my neck, and my right knee. As a result, I was certified as disabled by Dr. Joyce Goldenberg, a Physiatrist at Central Park Physical Medicine and Rehabilitation. I have been receiving physical therapy treatment from Dr. Goldenberg in New York ever since the accident.

8. According to my doctors, I sustained a stress fracture in my spine and multiple disc herniations in my back that were compressing my spinal cord and the thecal sac. A spine surgeon, Dr. Auerbach recommended back surgery. I have tried for the last two years to resolve this through physical therapy instead of surgery, but my pain has continued. I am being treated by Dr. Ari Lerner for pain management.

9. At the time, I chose not to have back surgery after the accident because I had to first have knee surgery on my right knee to repair a tear in my meniscus. My orthopedic knee surgeon was Dr. Steven Struhl. It was not recommended to try recovering from two major surgeries at the same time. Plus, I still have trauma from the surgeries I had to have when I was younger after being shot, so I've tried everything medically possible to avoid surgery.

10. Unfortunately, while I was still recovering from the knee surgery, in July 2022, I slipped and fell and reinjured my right knee. Despite two years of treatment, I still have a lot of pain in my knee and my back. I have to take pain medication every day.

11. Without medication, my pain is a 7 out of 10 on a normal day. Even with medication, I can't stand for more than 20 minutes, and my doctors have told me never to lift more than 20 pounds. I can't take public transportation because it would require too much walking, and I can't handle the stairs.

12. In March 2024, I had a new MRI on my knee and Dr. Struhl determined that I need a second surgery. Dr. Struhl's office is currently in the process of scheduling me for that surgery in New York.

13. I am hoping that once my knee surgery is over, I can focus on resolving the chronic pain in my back and hip that has resulted in horrible muscle spasms and numbness on the right side of my body. In the last six months, the muscle spasms have been so bad that on some days I can't walk and have to stay in bed. I have a cane that I use when my pain is particularly bad. I am currently consulting with Dr. Thomas Youm, an orthopedic hip surgeon in New York, regarding my back and hip pain. A recent MRI shows a cartilage tear on my hip that could be exacerbating my pain.

14. On top of this long-term pain, this past summer, I was hit by a car in a second car accident. I had to go to Harlem Hospital because I was feeling dizzy and almost passed out. It turned out that I had a concussion. I filed a police report after the accident. I am being treated by Dr. Peter Kwan and have to see him every three weeks. I have been waking up dizzy and with vertigo and I have been having more memory problems. I can tell that I am not myself right now and I have been prescribed medication.

15. In New York, I have an extensive support system that has helped me manage my pain and will help me recover from upcoming surgeries. Most importantly, I have been able to find work that requires minimal physical exertion through my dear friend Sheila Davis Dotson, who until recently worked with me at Urban Home Ownership Corporation. I am taking time away from working right now to focus on recovering my health.

16. Additionally, my son NYPD Officer Dajon Panton and his wife and daughter live very close to me. They have helped me with getting groceries and any heavy lifting that must be done.

17. I'm very excited that my son Aaron, who has been living in North Carolina, is coming to live with me in New York City. I'm excited to be able to help him establish himself in New York and I am very grateful that he will be here to help me recover from my surgeries.

18. If I am deported to Jamaica, I will not have health insurance and will not be able to afford or access medical services. I am terrified that I will not be able to care for myself and my pain will make it impossible for me to find work and even basic day-to-day activities. Even if I were able to get surgery, without my family and support system, I wouldn't be able to recover from a surgery and I would risk re-injuring myself further. I have nowhere to live in Jamaica, and I would have no way to support myself or pay for even basic needs like food or medicine. No one is going to hire an elderly disabled man who has no work experience in Jamaica. As I said, New York is different because I have family and friends who know and trust me and make it possible to continue working and supporting the community.

19. I want to fight for my health to improve so that I can be there for my kids and grandchildren and for all the amazing young people in Harlem whose lives I have helped turn around through programs like Too Young to Die and Lead by Example. People like me have to work hard so that the next generation can live better, happier lives.

20. I hope you will consider extending my deferred action so that I may receive necessary medical care here in the United States and to allow USCIS the opportunity to review my application for U non-immigrant status.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Robert Panton

1/3/2025

Robert Panton — Date

C

Shoulders & Knees
Steven Struhl MD

136 E 57th Street suite 1501, NYC, NY 10022

TEL.: 212-207-1990 FAX # 212-207-1990

May 15, 2024

Patient: Mr. ROBERT PANTON/ DOB: 12/31/1965/ DOI: 07/??/2022(pt did not provide exact injury day)

Attorney Name: **Jay H. Tanenbaum Law Firm**

14 Wall Street, Suite 5F New York, NY 10005

T: (212) 422-1765

This will serve as a written agreement between Dr. Steven Struhl to perform services on said patient.

The terms and conditions are set forth as follows:

1) **This is a bill for the total completion of the services rendered.**
2) There is a **NON-REFUNDABLE cancellation fee of $ 2,500** only for **Dr. Struhl (within 48 hours of scheduled surgery).**

Procedure: RIGHT KNEE ARTHROSCOPY & DEBRIDEMENT

SURGERY Date: ****Pending****

MAKE CHECKS PAYABLE TO:

Dr. Steven Struhl TOTAL FULL PAYMENT: $6,999.99

Surgicore of Jersey City Surgical Center Total Full Payment: $ 3,500.00

****SURGERY CENTER QUOTE INCLUDES TRANSPORTATION FEE****

Roxbury Anesthesia TOTAL FULL PAYMENT: $600.00

Dr. Steven Struhl *steven struhl* Patient _____

Attorney _____

STEVEN STRUHL, M.D., L.L.C

136 E. 57th Street, Suite 1501
New York, New York 10022
Tel (212) 207-1990
Fax (212) 207-4656

311 North Street, Suite 102
White Plains, New York 10605
Tel (914) 328-4111
Fax (212) 207-4656

NAME: **PANTON, ROBERT**

DATE: **4/18/24**

DICTATED BY: **STEVEN STRUHL, M.D.**

Follow-Up: The patient is a 58 year old male who is an existing patient. He is here today for evaluation of his right knee. He had surgery by me on this knee on June 24, 2022 after sustaining an injury to the knee in a motor vehicle accident in January of 2022. He was recovering from that surgery when he sustained a new slip and fall injury to the right knee in July of 2022. Since that time, he has had anterior right knee pain, popping and clicking as well as giving way of the knee.

Past Medical History: History of hypertension (patient reports that this is resolved). The patient does not smoke. He is 5 feet 11 inches tall and weighs 215 pounds, with a BMI of 30.

Medications: None.

Allergies: No known drug allergies.

Past Surgical History: Right knee arthroscopy 2022.

Physical Examination: Physical examination of the right knee shows well healed incisions. The alignment is normal. There is no significant swelling. The range of motion is from 3-125°, with pain on forced flexion. There is tenderness on the anterior joint line. There is crepitus in the mid arc, which is painful. Varus-valgus testing is normal. Rotatory stability testing is normal. The patellofemoral exam shows normal tracking and stability.

Tests: The patient had an MRI of the right knee on March 7, 2024 that shows findings consistent with a previous meniscectomy, chondral loss on the trochlea and lateral femoral condyle, and an effusion.

CONTINUED…..

PANTON, ROBERT…..CONTINUATION…..4/18/24

Assessment: The patient has multiple areas of abnormalities in the right knee, as documented by MRI. Some of these as described are in areas that were previously known to be normal, as documented in the operative notes. Therefore, I believe that there are new changes from the second accident relative to the first. He has failed to improve over a period of nearly two years.

Treatment Plan: A recommendation is made for right knee arthroscopy and debridement. Risks, benefits and alternatives of the surgery were discussed in detail, including but not limited to the risk of infection. The patient wishes to proceed, and we will make the appropriate arrangements accordingly.

SS/lmt

D

Central Park
Physical Medicine and
Rehabilitation, P.C.

JOYCE GOLDENBERG, M.D.
Diplomate American Board of Physical Medicine and Rehabilitation

DISABILITY CERTIFICATE

Date 3/26/22

To Whom It May Concern:

I hereby certify that Mr./Ms. Robert Panton is under my professional care, and has been:

/ TOTALLY INCAPACITATED
_____ PARTIALLY INCAPACITATED

From 3/15/22 To: 4/26/22

Status post

	Date
Motor Vehicle Accident /	1/20/22
Work Related Accident _____	_____
Slip/fall Accident _____	_____
Other type Accident _____	_____

This patient sustained injuries to:

Neck /
Back /
Left / Right Shoulder _____
Left / Right Elbow _____
Left / Right Wrist _____
Left / Right Hand/Fingers ____
Left / Right Hips _____
Left / Right Knee /
Left / Right Ankle _____
Left / Right Foot _____
Other _____

Surgeries Performed / Date _____

This patient is currently undergoing physical therapy at my office.

If you have any questions, please feel free to call our office.

Respectfully,

Joyce Goldenberg, M.D.
Board Certified Physiatrist

200 Madison Avenue (36th St.), New York, NY 10016 • Tel: 212-447-0300 • Fax: 212-447-9524
2 West 86th Street, Suite No. 1, New York, NY 10024 • Tel: 212-787-7994 • Fax: 212-595-4716
2825 3rd Ave., 4th Floor, Bronx, NY 10455 • Tel: 718-401-3000 • Fax: 718-292-8610

E

CENTRAL PARK PHYSICAL MEDICINE & REHAB, P.C.
2 West, 86th Street
New York, NY 10024-3625
Phone: (212)787-7994 Fax: (212)659-4388

Inj. Date: 01/28/2022
Gender: MALE

Patient Name: **Panton, Robert**
Age: 57 Year(s) 8 Month(s) 1 Day(s)
Address: 235 Admiral Lane, 3P, Bronx, NY, 10473,
Check in Date/Time: 9/1/2023 8:58:10 AM
Location: (86th) Central Park Physical Medicine & Rehab
Insurance: NF - GEICO (NYPIP) [608623685]

Acc No: 37089
DOB: 12/31/1965

Physician: Joyce Goldenberg, MD

Phone: (954)676-9788

The patient was first seen at my office on February 4, 2022 for injuries sustained in a motor vehicle accident on 01/28/2022 in New York City. The patient stated he was the restrained front seated passenger in a car that was hit on the driver's side (T-boned) by a United States Postal Service truck. The impact caused him to be violently jolted forward and backward, hitting his knee against the dashboard. Patient stated injuries were sustained to the Neck, Middle Back, Lower Back and Right Knee.

Follow Up:

Neck pain that is constant, dull and sharp with weakness, decreased mobility and stiffness. Neck pain radiates through the right upper extremity with associated numbness and tingling through the right upper extremity. (Pain Scale: 6 /10).

Middle back pain that is dull and with muscle spasms with stiffness

Lower back pain that is constant, dull and sharp with weakness, decreased mobility, stiffness, muscle spasms and associated numbness and tingling. through the right lower extremity. (Pain Scale 6 /10).

Right knee pain that is constant, dull and sharp wih weakness, decreased mobility and stiffness (Pain Scale 7 /10). Other information: s/p right knee AS 6/24/2022 with Dr. Struhl.
Patient notes recent exacerbation x 2-3 months, no new trauma or injury. States he feels like his knee occasionally "gets stuck"

Other complaints: insomnia. intermittently due to pain.

Is patient working? Yes. Returned to work as of: mid-March 2023. Additional Information: as a maintenance manager (is able to work from home).

Clinical course/events since last visit: s/p eval Dr. Lerner (pain mgmt.)- had LS TPIs, LESI x1

s/p eval Dr. Auerbach (spine)- rec'd surgery but patient would like to continue conservative mgmt.

s/p eval Dr. Struhl (ortho).

Medication the patient is currently taking: Ibuprofen, Diclofenac gel

REVIEW OF SYSTEMS AS A RESULT OF THIS INCIDENT:

Functional Systems: The patient has difficulty with prolonged walking, standing, sitting, bending, twisting, driving, sleeping and lying in bed. The patient has difficulty carrying, lifting, pushing, pulling heavy objects, working at a computer, using both arms/hands, arising from a chair or bed, walking up or down stairs, balancing, standing, carrying weights, lifting objects, pulling, running, jumping, climbing, kneeling, washing, travelling and playing sports. The patient needs assistance with household chores and when traveling on public transportation.

Assistive Devices Utilized: The patient uses a lumbosacral corset, a TENS unit and cervical traction

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Physician: Joyce Goldenberg, MD

Inj. Date: 01/28/2022
Gender: MALE

Phone: (954)676-9788

Gait and Related Problems: Patient exhibits an antalgic gait pattern favoring the right lower extremity.

Organ Systems: Non contributory.

PHYSICAL EXAMINATION

Constitutional:

Mr. Panton is a well-developed, well nourished male.

GAIT EXAMINATION:

Gait: antalgic and with a limp favoring right leg.

MUSCULOSKELETAL EXAMINATION:
CERVICAL SPINE - Active Range of Motion
Flexion: 32 /45 degrees
Extension: 27 /45 degrees
Lateral Bends (Left): 26 /45 degrees
Lateral Bends (Right): 28 /45 degrees
Rotation (Left): 29 /60 degrees
Rotation (Right): 32 /60 degrees
Performed with an Inclinometer

PRESENCE OF TENDERNESS	TRIGGER POINT SPASMS
Upper Traps: Yes, Severe	Upper Traps: Yes, Severe
Levator Scap: Yes, Severe	Levator Scap: Yes, Severe
Supraspinatus: Yes, Severe	Supraspinatus: Yes, Severe
Rhomboids: Yes, Severe	Rhomboids: Yes, Severe
CS-PS: Yes	CS-PS: Yes
SCM: Yes	SCM: Yes
Teres Minor: Yes	Teres Minor: Yes
Infraspinatus: Yes	Infraspinatus: Yes
Right side worse than left	

Spurling's test is positive bilaterally.

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Gender: MALE

Phone: (954)676-9788

THORACIC SPINE:

PRESENCE OF TENDERNESS	**TRIGGER POINT SPASMS**
Paraspinals Muscles: Yes	Paraspinals Muscles: Yes
Interscapular Muscles: Yes	Interscapular Muscles: Yes

LUMBAR SPINE - Active Range of Motion
Flexion 63 /80 degrees
Extension 15 /25 degrees
Lateral Bends (Left) 25 /35 degrees
Lateral Bends (Right) 27 /35 degrees
Rotation (Left) 28 /45 degrees
Rotation (Right) 26 /45 degrees
Performed with an inclinometer

PRESENCE OF TENDERNESS	**TRIGGER POINT SPASMS**
LS-PS: Yes, Severe	LS-PS: Yes, Severe
Quad. Lumb: Yes, Severe, with rigidity	Quad. Lumb: Yes, Severe, with rigidity
SI: Yes, Severe	SI: Yes, Severe
Piriformis: Yes, Severe	Piriformis: Yes, Severe

EXTREMITIES:

Active Range of Motion: Normal values are from American Academy of Orthopedic Surgeons

KNEE - Active Range of Motion:
Right Flexion 98 /130 degrees
Right Extension 0 /0 degrees
Performed with a goniometer

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TENDERNESS ON PALPATION - KNEE AREA

Right Medial Joint line: Yes, Severe
Right Lateral Joint line: Yes
Right Pes Anserinus Bursa: Yes, Severe
Right Medial Collateral Ligament: Yes, Severe
Right Lateral Collateral Ligament: Yes
Right Popliteal Fossa: Yes
Right Patella Tendon: Yes

KNEE TESTS

Right Spring Sign: Positive
Right McMurray: Positive
Right Apley Compression: Positive
Right Increased pain on toe walk: Yes
Right Increased pain on heel walk: Yes
Right Increased pain on squat: Yes

SKIN EXAMINATION:

Surgical scars Location: right knee Size: portal x3, well healed

VASCULAR EXAMINATION:

Vascular examination shows peripheral pulses to be intact.

NEUROLOGIC EXAMINATION:

Neurological examination shows the patient to be alert and oriented to person, place and time. Mood and Affect: Appropriate

REFLEX EVALUATION

Right C5 Biceps 1+	Left C5 Biceps 1+
Right C6 Brachioradialis 1+	Left C6 Brachioradialis 1+
Right C7 Triceps 1+	Left C7 Triceps 1+
Right L4 Patella 1+	Left L4 Patella 1+
Right S1 Achilles 1+	Left S1 Achilles 1+

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Upper Extremity Sensation Testing is decreased to pinprick and light touch along the right lateral arm C5 dermatome, lateral forearm/thumb/index finger C6 dermatome and middle finger C7 dermatome.

Lower Extremity Sensation Testing is decreased to pinprick and light touch along the right med. leg/foot L4 dermatome, dorsum of foot L5 dermatome and lateral foot S1 dermatome.

Upper Extremities Manual Assessment of Muscle Strength - (Normal is 5/5)

Right Biceps 3+/4- /5	Left Biceps 3+/4- /5
Right Deltoids 3+/4- /5	Left Deltoids 3+/4- /5
Right Triceps 3+/4- /5	Left Triceps 3+/4- /5
Right Supraspinatus 3+/4- /5	Left Supraspinatus 3+/4- /5
Right Wrists 5 /5	Left Wrists 5 /5

Lower Extremities Manual Assessment of Muscle Strength - (Normal is 5/5)

Right Hip 3+/4- /5	Left Hip 3+/4- /5
Right Quadriceps 3+/4- /5	Left Quadriceps 4- /5
Right Hamstring 3+ /5	Left Hamstring 4- /5
Right Ankle 5 /5	Left Ankle 5 /5

Straight Leg Test:
Positive bilaterally,
Straight Leg Test Positive Right: 40 degrees.
Straight Leg Test Positive Left: 45 degrees.

Toe / Heel Squat Test
toe walk: +
heel walk: +
squatting: +

IMPRESSION
Internal derangement of right knee (M23.91)
Cervical radiculopathy due to intervertebral disc disorder (M50.10)
Lumbar disc disease with radiculopathy (M51.16)
Sprain of unspecified parts of thorax, subsequent encounter (S23.9XXD)

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Gender: MALE

Phone: (954)676-9788

PLAN

Will try a round of PT for knee exacerbation. If no improvement will have f/u with Dr. Struhl.

Disability:
Partial: Marked
75%

Physical therapy 1 , 2 time(s) a week for 6 weeks including various modalities, soft tissue mobilization, active range of motion and strengthening exercises, as well as massage therapy. The goals of therapy are to decrease pain, reduce inflammation; increase range of motion and improve strength. Measurement test(s) to be rendered, measured and reported to evaluate patient progress.

PTs to provide printed home exercise program

Reduce Inflammation; Perform Home Exercise Program; Increase ROM; Improve Strength; Decrease Pain; Other Goal(s)
6 Week(s) 10/13/2023 - Follow Up

Document Electronically Signed Joyce Goldenberg, MD at 12:24 PM, SEPTEMBER 13, 2023

Joyce Goldenberg, MD

F

NYC HEALTH+ HOSPITALS | Metropolitan

METROPOLITAN HOSPITAL CENTER
METROPOLITAN PRIMARY CARE
1901 1ST AVENUE
NEW YORK NY 10029
Dept: 844-692-4692

October 20, 2023

Patient: **Robert Panton**
Date of Birth: **12/31/1965**
Date of Visit: **10/19/2023**

To Whom It May Concern:

This letter and the medical information were provided as per patient's request and consent.

Mr. Robert Panton is having chronic central lower back pain with numbness and tingling sensations in both feet. Imaging dated in 07/2022 showed grade 1 anterolisthesis of L5-S1 with interarticularls defect consistent with spondylolysis, and mild degenerative changes at L4-L5 and L5-S1.

Spondylolysis is defined as abnormal wear on the cartilage and bones, and in Mr. Panton's case, in the lumbar spine. Sometimes associated with neuronal signs and symptoms depending on positions, weight loading on the spine, and or certain activities involving rotating and extending/flexing the back.

Patient had numbness and tingling sensations described as pins and needles prior to wearing the ankle GPS monitor. He reported increasing frequency of these symptoms since started wearing it on daily basis.

It is our opinion that that device might have some role in the worsening symptoms at this time.

If you have any questions or concerns, please don't hesitate to contact us.

Sincerely,

Haider Halder, MD

This document was electronically signed on 10/20/2023 at 2:30 PM.

G

Final

LHR LENOX HILL RADIOLOGY | Manhattan Brooklyn Queens Bronx Long Island

RadSite MRI ACCREDITED

Exam requested by:
JOYCE GOLDENBERG MD
2 W 86TH ST, STE. 1
NEW YORK NY 10024

SITE PERFORMED: LHR PARKCHESTER
SITE PHONE: (718) 282-7000

Patient: PATON, ROBERT
Date of Birth: 12-31-1965
Phone: (954) 676-9788
MRN: 19750661R **Acc:** 1032257552
Date of Exam: 03-07-2024

EXAM: MRI RIGHT HIP WITHOUT CONTRAST

HISTORY: Right hip pain, status post injury.

TECHNIQUE: Multiplanar, multisequence noncontrast MRI of the right hip was obtained on a 3T scanner according to standard protocol.

COMPARISON: None.

FINDINGS:

Tears of the anterior and superior acetabular labrum are noted.

The femoroacetabular articular cartilage appears generally preserved.

The femoral head exhibits generally normal marrow signal without signs of avascular necrosis. Minimal intra-articular fluid/synovitis is noted.

The remainder of the visualized osseous structures appear intact and exhibit generally normal marrow signal.

The visualized myotendinous structures appear intact.

The trochanteric bursa is mildly thickened and inflamed.

No discrete soft tissue masses are noted.

The visualized superficial soft tissues appear unremarkable.

IMPRESSION: MRI of the right hip demonstrates:

1. Acetabular labral tears involving the anterior and superior labrum
2. Mildly thickened/inflamed trochanteric bursa

Thank you for the opportunity to participate in the care of this patient.

DAVID MILBAUER MD - *Electronically Signed: 03-13-2024 3:13 PM*
Physician to Physician Direct Line is: (646) 367-8744

Final

LHR LENOX HILL RADIOLOGY | Manhattan Brooklyn Queens Bronx Long Island

RadSite MRI ACCREDITED

Exam requested by:
JOYCE GOLDENBERG MD
2 W 86TH ST, STE. 1
NEW YORK NY 10024

SITE PERFORMED: LHR PARKCHESTER

SITE PHONE: (718) 282-7000

Patient: PATON, ROBERT
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DAVID MILBAUER MD - *Electronically Signed: 03-13-2024 3:13 PM*
Physician to Physician Direct Line is: (646) 367-8744

KOLB RADIOLOGY

THOMAS M. KOLB, M.D.

257 West 34th Street • New York, NY 10001
P: 212-602-1900 • F: 646-666-0669 • RX@KolbRadiology.com

Patient: PANTON,ROBERT
Date of Birth: 12-31-1965
Phone: (954) 676-9788
MRN: K127502 **Acc:** KR187407
Date of Exam: 04-04-2022

Exam requested by:
JOYCE GOLDENBERG
2825 THIRD AVE, 4TH FL
BRONX NY 10455

EXAM: MRI-SPINE CERVICAL WITHOUT CONTRAST

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the cervical spine were obtained in a closed3 Teslamagnet.

INDICATION: Status Post Trauma

FINDINGS: At C2-C3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At C3-C4, there is a broad posterior disc herniation impinging upon the thecal sac. The neural foramina are unremarkable

At C4-C5, there is a shallow posterior disc herniation impinging upon the thecal sac. The neural foramina are unremarkable

At C5-C6, there is a posterior disc herniation impinging upon the thecal sac abutting the spinal cord. The neural foramina are unremarkable

At C6-C7, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

The discs are of normal height.

The marrow signal is normal.

The cord signal is normal.

There is no fracture .

There is no listhesis. There is a normal vertebral alignment.

The craniocervical junction is unremarkable.

IMPRESSION: Disc herniation at C5-6 impinging upon the spinal cord.

Disc herniations at C3-4 and C4-5 impinging upon the thecal sac

KOLB RADIOLOGY

THOMAS M. KOLB, M.D.

257 West 34th Street • New York, NY 10001
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Patient: PANTON,ROBERT
Date of Birth: 12-31-1965
Phone: (954) 676-9788
MRN: K127502 **Acc:** KR187406
Date of Exam: 04-04-2022

Exam requested by:
JOYCE GOLDENBERG
2825 THIRD AVE, 4TH FL
BRONX NY 10455

EXAM: MRI-SPINE LUMBAR WITHOUT CONTRAST

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the lumbar spine were obtained in a closed 3 Teslamagnet.

INDICATION: Status Post Trauma

FINDINGS: **At L5-S1**, there is a broad posterior disc herniation impinging upon the thecal sac and the bilateral extra thecal S1 nerve roots. There is narrowing of the neural foramina bilaterally.

There is grade 1 anterolisthesis of L5 upon S1 with evidence of bilateral L5 pars fracture defects.

At L4-L5, there is a broad posterior disc herniation impinging upon the thecal sac and the bilateral extra thecal L5 nerve roots. There is narrowing of the neural foramina bilaterally

At L3-L4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L2-L3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L1-L2, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

The discs are of normal height.

The marrow signal is normal.

The conus medullaris is normal.

There is no fracture.

There is no listhesis. There is normal vertebral alignment.

IMPRESSION: There are bilateral L5 pars fracture defects with grade 1 anterolisthesis of L5 upon S1.

Broad posterior disc herniation L5-S1 impinging upon the bilateral extra thecal S1 nerve roots and narrowing the neural foramina bilaterally.

Disc herniation at L4-5 impinging upon the bilateral extra thecal L5 nerve roots with bilateral foraminal narrowing


G1

my.clevelandclinic.org /health/treatments/21508-meniscus-surgery

Meniscus Surgery: Meniscus Repair & Meniscectomy

4-5 minutes ⁝ 4/15/2021

How long does it take to recover and recuperate after meniscus surgery?

Full recovery from meniscus surgery usually takes somewhere from a few weeks, up to a few months. Meniscus repairs take longer to heal than meniscectomy. Meniscus replacement has the longest recovery timeline. Your surgeon will tell you what to expect and give you a specific recovery timeline based on your unique situation and needs.

Meniscectomies usually take around six weeks to recover. Meniscus repairs take longer because, in addition to healing from the surgery itself, you have to wait for your meniscus to heal inside your knee. This can take up to three months, depending on how quickly your body naturally heals. It takes several months for a meniscus replacement to heal. You might need to avoid intense physical activities (like playing sports) for up to a year.

After surgery, you'll need:

- Crutches.
- A knee brace to stabilize the joint.
- Pain medications.
- To follow the RICE method (rest, ice, compression and elevation).
- Physical therapy (PT). Your physical therapist will also give you at-home exercises at home to restore mobility, range of motion and strength. You'll need PT for several months after a meniscus repair. Because recovery after a meniscectomy is shorter, you may only need PT for several weeks.

How long after meniscus surgery can I walk again?

You should be able to put some weight on your knee right away after a meniscectomy. You'll probably have to wait a few weeks before you resume walking and light physical activity. It may be around a month before it's safe for you to resume intense physical activities.

It will take a little longer to resume walking and other activities after a meniscus repair or replacement. You'll need crutches for at least a few weeks to take stress off your knee while you're standing and moving. Once you can walk without crutches, it'll be a few more

weeks before you can do light activities without support. It might be a few months before your surgeon clears you to resume intense physical activities.

How painful is meniscus repair surgery?

You'll feel some pain immediately after surgery and for several weeks as your body heals. This is normal.

Your surgeon will suggest a combination of prescription pain medication, over-the-counter NSAIDs (if it's safe for you to take them) and acetaminophen to relieve your pain. Your surgeon will tell you how much of each kind of medication you can take each day or in a certain amount of time.

Talk to your surgeon if you feel like you're experiencing too much pain or if you're worried about any complications from taking pain medication.

Will my knee ever be the same after meniscus surgery?

Most people are able to return to all their usual activities (including playing sports) after they recover from meniscus surgery. Your surgeon and physical therapist will tell you when it's OK to resume walking without crutches or wearing a brace. Don't resume more intense physical activities before your surgeon says it's safe.

Some people who experience an injury like a meniscus tear need time to trust their body again, even after they've physically recovered. Your brain might have nagging thoughts about the injury, especially if it happened at work or because of a sports injury. This is common. Talk to your surgeon or physical therapist about what you're feeling. They'll help you regain your confidence while you're getting back in the groove of your usual routine.

Tell your surgeon or regular healthcare provider if you're feeling knee pain in that knee in the future.

Previous Chapter Next Chapter


G2

nyulangone.org /conditions/spondylolisthesis/treatments/surgery-for-spondylolisthesis

Surgery for Spondylolisthesis

6-7 minutes

Although nonsurgical treatment is often successful, sometimes surgery is required to relieve the symptoms of spondylolisthesis and prevent the condition from worsening.

Specialists at NYU Langone may recommend surgery for people with spondylolisthesis whose chronic back pain is not relieved by nonsurgical methods. Surgery may also be an option if a vertebra has slipped forward so much that a person's posture is affected, a vertebra continues to slip forward despite nonsurgical treatment, or changes in the alignment of the spine affect posture and function.

Your surgical team may include a neurosurgeon or an orthopedic surgeon, as well as radiologists and anesthesiologists who specialize in the spine.

These experts collaborate to determine the most effective and least invasive approach to spine surgery based on how far the vertebra has slipped and the severity of your symptoms. The goal of surgery is to eliminate pain, relieve pressure from a pinched nerve, and protect the spine and nerves from further damage. Spine surgery requires general anesthesia.

Pars Repair

In this procedure, a surgeon stabilizes the fractured portion of the vertebra and uses small wires or screws to join both sides of the fractured bone and secure the vertebra in place. This prevents the fracture from progressing and keeps the vertebra from slipping forward.

If the fractured part of the bone is very weak and needs reinforcement to heal fully, the surgeon may use a bone graft, a piece of tissue from another part of the body, to strengthen the affected bone and help it heal.

Spinal Decompression

Decompression is a technique that relieves pressure on nerves traveling through openings in the spinal column. If a nerve in the lower back is pinched as the result of a slipped vertebra, a person may experience numbness, tingling, or pain that radiates through the back or legs. Relieving pressure on the nerve root can alleviate pain and improve function in the spine.

Our surgeons may use one of several techniques to free a pinched nerve. They may remove part or all of the lamina, the bony roof of a vertebra, removing pressure on the nerve and giving it more space. This is called a laminectomy.

Surgeons may also enlarge the opening in the spinal canal through which nerve roots travel to other parts of the body. This opening is called the foramen, and the surgical procedure is called a foraminotomy.

A third type of decompression allows surgeons to remove part or all of a spinal disc—a thick piece of cartilage that cushions the vertebrae—if it slips out of place and compresses a nerve or the spinal cord. This is called a discectomy.

Any or all three of these decompression techniques may be required during surgery for spondylolisthesis.

Spinal Fusion

Surgeons almost always perform spinal fusion for spondylolisthesis. Spinal fusion stabilizes the spine by permanently joining two vertebrae, eliminating movement between them. Typically, bone grafts are placed between vertebrae to help them fuse together. In time, new bone grows over the graft. A surgeon also places small metal screws and rods into the spine to hold the vertebrae together while they heal and fuse.

Our doctors may perform spinal fusion using an advanced endoscopic technique if spondylolisthesis is in the lower back. Using an endoscope—a narrow tube with a light and high-definition camera on the end—our surgeons can view the spine in real time. This approach makes highly precise procedures using tiny incisions and surgical instruments possible.

What to Expect After Spinal Surgery

Most people remain in the hospital for one or more days so doctors and nurses can monitor the spine while it begins to heal.

In the days immediately after surgery, pain management specialists ensure that you have the medication you need to remain comfortable while you recover. In addition, a physiatrist, a doctor who specializes in rehabilitation, assesses your mobility. Many people are able to stand or walk the day after surgery, although movement may be minimal at first. Older patients may need more time to recover.

Most people are able to walk and go home within one week of surgery. Some people, however, may require additional care and assistance after leaving the hospital. NYU Langone doctors can refer you to appropriate at-home or inpatient support services as needed.

For 8 to 10 weeks following surgery, physical activity should be limited to gentle, low-impact movements as the spine fuses and heals. Total bed rest is not recommended, though. Daily walking and moving around can help speed recovery and prevent complications, such as a blood clot condition known as deep vein thrombosis.

Physical therapy usually begins 10 to 12 weeks after surgery. The goal is to strengthen core muscles and improve flexibility and movement. For the best results, physical therapy should continue for one year after surgery.

Follow-up appointments with your surgeon occur at least every three months for the first year after surgery to ensure the fusion heals correctly. An X-ray is usually taken during these appointments so doctors can confirm that the spine is stable and the nerves are decompressed.


G3

www.health.com /condition/depression/depression-after-surgery

Post-Surgery Depression Isn't Uncommon—Know the Signs

Julia Metraux ⁝ 7-9 minutes
DOI: 10.1371/journal.pone.0271716, Show Details

Some people experience postoperative depression—also known as post-surgery depression or "postoperative blues." Post-surgery depression is not an official type of depression, however. The surgeries, like other major life events, can instead be the triggers for depression.12

Statistics vary depending on the type of surgery, but about 13% to 47% of people who have had an operation experience it. Research has shown that some people can develop depression after surgery because of a lack of support system, financial strain, physical discomfort, and more.34 Read on to learn why people can develop depression after surgery, symptoms, and how to get support.

FG Trade / Getty Images

In general, post-surgery depression symptoms are similar to other types of depression. Those symptoms may include:53

- An overall sense of hopelessness—even when someone has a successful surgery and makes a full recovery
- Anxiety
- Changes in appetite and sleep patterns
- Difficulty concentrating or remembering
- Irritability
- Loss of interest in activities
- Sadness

Of note, it's normal to experience strong emotions after surgery. Post-surgery depression, however, is persistent and lasts longer than two weeks. If left untreated, post-surgery depression can last months.6

There are many underlying causes of depression following a surgical procedure. Certain surgeries have a higher risk than others, but any procedure can lead to depression. The following are some (but not all) procedures that may result in post-surgery depression:

- **Bariatric surgery:** Weight loss surgeries, like gastric bypass or sleeve gastrectomy, may result in depression due to significant lifestyle changes and body image

issues.7

- **Brain surgery:** Surgeries involving the brain, such as tumor removal, can affect cognitive ability and emotional functions.8
- **Cancer surgeries:** Research has shown that surgeries involving organ removal due to cancer can trigger depression.9
- **Cardiac (heart) surgery:** Procedures like coronary artery bypass grafting (CABG) and heart valve replacement are often associated with patients' experience of depression afterward.1011
- **Major orthopedic surgeries:** Hip and knee replacement surgery can be physically and emotionally demanding.12

Research has found that risk factors of post-surgery depression may include:6133

- A history of depression14
- Changes in body image
- Feelings of anxiety, guilt, and stress
- Financial strain4
- Lack of a support system
- Physical discomfort and pain
- Reactions to medications or anesthesia

Coping with the effects of surgery and recovery can vary drastically from person to person and even by procedure. Talk to a healthcare provider about how long your recovery could be so you know what to expect.

Family Support

Research has indicated that family support, whether it's someone's biological or chosen family, can improve the recovery process. Examples include the following:

- Individuals who had surgeries due to digestive cancers not only reported higher family support scores but experienced a better quality of life following the surgeries due to that support.15
- Participants either received standard care or an intervention focused on family support prior to having major abdominal surgeries. The individuals who received the family support intervention had better recovery one and two weeks after their procedures.16
- People who underwent an open cholecystectomy (gallbladder removal) surgery in Spain recovered more quickly if they had family support.17

Group Support

Peer support groups are other helpful resources. Reach out to see what your hospital or other local organizations offer to find peer support groups. You might even look into social media groups that focus on post-surgical complications.

Individual Therapy

Talking with others via individual therapy if you develop depression after surgery can be helpful. Consider having a psychologist or a psychiatrist on your healthcare team, especially if you have a chronic illness that requires frequent surgeries. Therapy services may be available where you received a procedure, or the facility may have mental health professional referrals they can recommend.

Cognitive behavioral therapy (CBT) may be especially beneficial as it is a common type of talk therapy, or psychotherapy, for depression. Research has suggested that this type of therapy has been effective for individuals following procedures for the heart or endometriosis, for example.1819

Another type of therapy that may be helpful is acceptance and commitment therapy (ACT). ACT involves accepting and experiencing thoughts or feelings while focusing on goals based on individual values. Some researchers found that, for women with breast cancer, one session of ACT before surgery had a positive outcome on their pain and anxiety following their procedures.20

Other Tips

Here are some ways, in addition to interpersonal and professional support, to cope with post-surgery depression and pain:212223

- **Do low-impact exercises:** Gentle stretching and walking may help with recovery and elevate your mood if a healthcare provider permits it.
- **Eat a nutrient-rich diet:** Getting plenty of fruit, healthy fats, lean protein, vegetables, and whole grains may alleviate pain and reduce depression symptoms.
- **Get plenty of rest:** This helps give your body ample time to recover.
- **Pace yourself:** Another beneficial action you can take following a procedure is to ease into a previous or adjusted routine, or activity pacing. Activity pacing ensures that you have a balance with how much activity you're doing.24
- **Stay informed:** Try learning more about your surgery and the recovery process beforehand to reduce anxiety and uncertainty.
- **Take antidepressants:** A healthcare provider might prescribe this medication to manage feelings of depression and anxiety.
- **Use non-medication pain treatments as appropriate:** Pain, especially chronic pain, and depression can also be connected.25 While a healthcare provider may prescribe pain medications following surgery, you may also be able to use non-drug treatments to help, like relaxation therapy, cold, heat, or massage, as appropriate.

Know the signs and symptoms of post-surgery depression if you are caring for a loved one who's about to have or recently had surgery. You can support them by:26

- Aiding them in their recovery process (e.g., helping them make follow-up appointments and reminding them to take medications)

- Encouraging them to eat regularly and get low-impact physical activity if possible
- Listening to and accepting their needs
- Maintaining friendly body language
- Reading more about depression
- Remaining calm and patient
- Treating them with respect

You may advise your loved one to talk to a healthcare provider if you notice they are not eating and drinking enough, taking care of their hygiene, or taking medications as prescribed.5 Get medical attention right away if your loved one experiences new or worsening thoughts of self-harm and suicide.

Post-surgery depression is not uncommon after surgery. The severity and duration of symptoms can vary widely from person to person. Several factors can increase your risk, including the type of surgery, your mental and physical health history, and availability of support and resources.

Consult a mental healthcare provider if you develop persistent feelings of sadness after surgery. The appropriate treatment and support you can help manage and recover from post-surgery depression.

H

U.S. EMBASSY IN JAMAICA

By **U.S. EMBASSY IN KINGSTON**

Please note: The Department of State assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by, the entities or individuals whose names appear on the following lists. Inclusion on this list is in no way an endorsement by the Department or the U.S. government. Names are listed alphabetically, and the order in which they appear has no other significance. The information on the list is provided directly by the local service providers; the Department is not in a position to vouch for such information.

Medical care is much more limited than in the United States. Comprehensive but basic emergency medical services are located only in Kingston and Montego Bay, and smaller public hospitals are located in each parish. The availability of prescription drugs, emergency medical care, and ambulance services are limited in outlying parishes. Ambulance service is limited both in the quality of emergency care and in the availability of vehicles in remote parts of the country. Serious medical problems requiring hospitalization and/or medical evacuation to the United States can cost 15,000 – 20,000 USD or more. Private doctors and hospitals in Jamaica often require cash payment prior to providing services, even in emergency cases.

You may wish to download a list of doctors and medical facilities (PDF 467 KB) in Jamaica. Here is the list for medical facilities and doctors (PDF 520 KB) in the Cayman Islands. At your request, a consular officer can also inform your family or friends of your situation.

Medical Evacuations

Please click the link below for a list of Medical Evacuation providers that have been used by U.S. citizens in the past. Be aware that there are companies purporting to offer Medical Evacuation services in Jamaica which do not actually have the capability to do a medical evacuation. These companies often have few resources and act as middle men with legitimate companies at an additional significant cost. If you encounter a company that is not on the U.S. Embassy's list, please contact the American Citizen Services Section of the U.S. Embassy at 702-6486 or at KingstonACS@state.gov for assistance. **DO NOT** provide your credit card number to a company that you have not confirmed is a legitimate Medical Evacuation provider.

List of Air Ambulance and Medical Evacuations Providers (PDF 446 KB). Please contact the companies directly.

Issues affecting health care access

Dr Paul Edwards and Dr Ernest Madu

March 5, 2023

For serious medical conditions such as cancer or heart disease, a second opinion can be helpful to confirm the diagnosis and treatment plan.

IN our previous article on this topic, we looked at some of the economic issues that serve as a barrier to health care access. Beyond economic issues, there are, however, many issues that limit access and this week we shall look at manpower and geographic issues.

Manpower

Health care delivery depends on human capital to a significant degree despite the increasing use of technology. If there are no doctors, nurses, or ancillary health-care personnel, then there is effectively no health care to access. Jamaica has 0.5 physicians per 1,000 population and 1.8 nurses per 1,000 population (2016 World Bank data). Our Caribbean neighbour Barbados has 2.5 physicians per 1,000 population and 3.1 nurses per 1,000 population. The United States has 2.6 physicians per 1,000 population and 15.7 nurses per 1,000 population. High-income countries on average have 3.7 physicians per 1,000 population compared with 0.3 physicians per population in low-income countries. When we look at specialty care, the gap is much wider and shows why many citizens will unfortunately not have access to speciality care. In the USA, for example, there are 22.3 neurologists per 100,000 population but in Jamaica, we have about 0.0000023 neurologists per 100,000 or 2.3 neurologists per one million. There are 33,701 cardiologists in active practice in the USA resulting in a ratio of about 102 cardiologists per one million population. In Jamaica, we have less than 30 cardiologists in active practice for a population of three million resulting in a ratio of less than 10 cardiologists per million. Many subspecialty areas in neurology, cardiology and other specialities have no representation in the physician pool. Likewise, many of the smaller Caribbean islands have no specialists in many medical fields.

In terms of nurses, high-income countries average 11.4 nurses per 1,000 population when compared with 0.9 nurses per 1,000 population in low-income countries.

While it is sometimes difficult to accurately estimate how many physicians are needed for any one country as this may vary significantly depending on the health, age, and disease burden of a population, the World Health Organization (WHO) recommends one physician per 1,000 population.

It is not difficult to see how manpower shortages affect health care delivery. In our public hospitals and clinics (particularly specialist clinics at our tertiary hospitals) there are long waits both for an appointment to be seen and also long waits during the clinical encounter. Many of our specialists' units which require nurses with advanced

qualifications. Intensive-care units (ICUs), labour and delivery wards and operating rooms have critical nursing shortages. In an ICU setting it may very well be that a bed is available for an ill patient but there is no nurse available to deliver care. Operating rooms can sit empty despite physicians who are able to operate because there are no nurses to assist in the operating room or recover the patient after surgery.

These issues are not only noted in the public sector. There are several areas of medicine in the private care arena for which specialists are in relatively short supply or non-existent leading to long waits to see a physician or in some scenarios result in the need to seek care abroad. Interestingly issues of manpower availability are not confined to low-and middle-income countries. The crisis in the National Health Service (NHS) of the United Kingdom is frequently in the news. One of the causes of the failure of health care delivery is a shortage of personnel. The British Medical Association estimates that in their secondary care system there are physician vacancies of 9,053 posts and nursing vacancies of 47,496 posts. Nursing shortages are a problem in most high income countries leading to aggressive recruitment from low and middle income countries which in most cases are unable to compete with the remuneration that is offered.

A manpower issue that is particularly affects low and middle countries is the use of allied health-care practitioners. More developed health care systems have long recognised that much of medical and nursing care is relatively routine and does not require the relatively high cost of physician and nursing labour to deliver. The use of technicians, nursing aides and physician extenders can allow the delivery of health care in a more efficient fashion and to a wider range of individuals. A good example of this is the use of technicians to acquire images for cardiac ultrasound (echocardiography). Echocardiographic images are obtained in a certain sequence, from defined areas for each study. This is standard for every patient. A technician can be trained to do this competently within a few months allowing the cardiologist to spend minutes reviewing the images and reporting vs spending 30 minutes acquiring the images. In the United States the use of technicians for cardiac ultrasound has been routine for more than 30 to 40 years. A technician doing cardiac ultrasound frees the cardiologist to do work for which he is uniquely qualified and which cannot be performed by those with lesser levels of training. The use of midwives for routine delivery is another example.

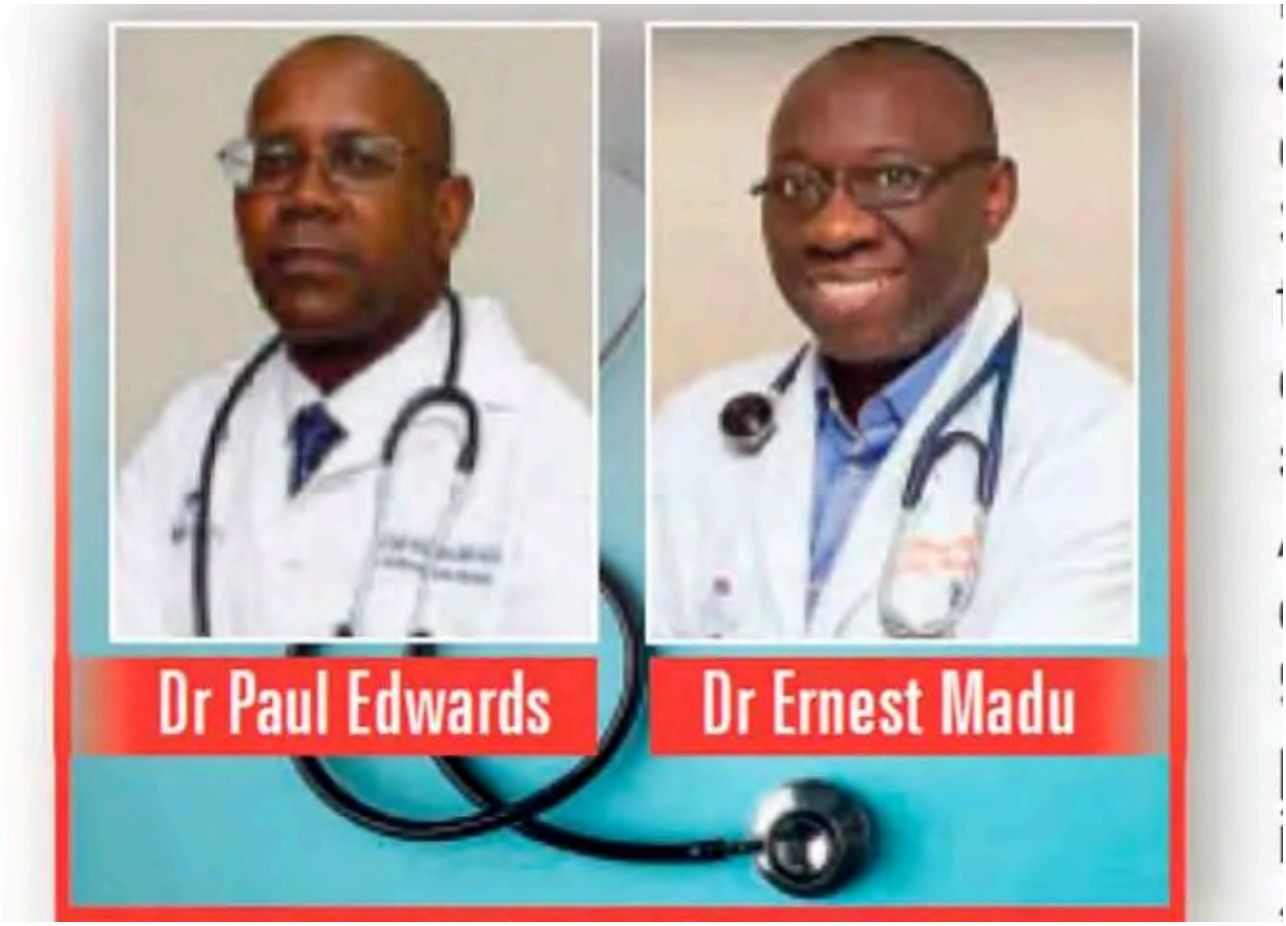
Obstetricians can focus on the delivery of infants that are at high risk for complication or who have problems during labour and delivery. There are, however, many other roles for which allied health-care providers can be useful and generally these are often ignored in health-care systems of low- and middle-income countries.

Geographic distribution of health-care resources

In our previous article we discussed the disparities between countries in terms of access to care but in almost all countries there are significant disparities within countries. These can be seen most easily when comparing the urban rural divide. Globally and within countries, there is significant inequity in the distribution of health-care resources with 80 per cent of resources often accessible to the top 20 per cent of the population in terms of economic position while the bottom 80 per cent have access to 20 per cent of the resources. If we were to think of the distribution of cardiologists in Jamaica. Most of these physicians practice in Kingston, St Andrew, and St Catherine. Mandeville and Montego Bay have probably four cardiologists between them. Aside from outreach clinics, seeing a cardiologist does require travel to one of these areas. Imagine if you live in Portland; then seeking care likely means a day devoted to health care alone. On that day you will not be able to go to work, you may have to think about how do you arrange childcare? If you do not have a car, how will you travel to the hospital or cardiologist's office and at what cost? For many low- and middle-income countries economic opportunities, amenities and quality of life are greater in urban settings, leading both physicians and nurses to gravitate towards those areas leaving rural populations relatively underserved. Globally it is estimated that half of the population lives in rural areas compared with 38 per cent of nurses and 25 per cent of physicians.

This disparity between urban and rural areas is not only a problem of low and middle income countries. In the United States the ratio of primary care physicians to 10,000 population is 39.8/10,000 in rural areas compared to 53.3/10,000 in urban areas. Studies have documented that treatment for heart attack which is time dependent has worse outcomes in the rural United States. Patients in rural areas often have to travel further for care. For example, one study found that patients in need of radiation therapy in rural America needed to travel an average of 40.8 miles when compared with a patient in an urban setting who travelled an average of 15.4 miles. In Europe living in a rural area has been associated with a lack of access to qualified health-care workers, greater distance to major hospitals, less effective emergency care services and greater demands on health-care workers.

In future articles we will address other issues related to health care access.



Dr Paul Edwards and Dr Ernest Madu

Dr Ernest Madu, MD, FACC and Dr Paul Edwards, MD, FACC are consultant cardiologists for the Heart Institute of the Caribbean (HIC) and HIC Heart Hospital. HIC is the regional centre of excellence for cardiovascular care in the English-speaking Caribbean and has pioneered a transformation in the way cardiovascular care is delivered in the region. HIC Heart Hospital is registered by the Ministry of Health and Wellness and is the only heart hospital in Jamaica. Send correspondence to info@caribbeanheart.com or call 876-906-2107

HEALTH NEWS

ALSO ON JAMAICA OBSERVER

The indignity of being poor and sick in Jamaica

May 13, 2023

The public health sector urgently needs resources to not only equip our health facilities but to adequately pay our doctors, nurses, and other critical medical personnel for their work.

Lorna's daughter remains in hospital. She is visited by multiple doctors daily as Lorna continues to buy the medication, special gauze, and other essential medical amenities critical to her healing. These are expensive duties for Lorna.

There is no doubt that Jamaica has some of the most competent and professional doctors and nurses worldwide. A few years ago, our health minister, Dr Christopher Tufton, lamented that he could not stop our nurses' exodus from our shores. After all, our nurses are globally sought after and leave Jamaica annually for better wages and working conditions.

Our public health sector urgently needs resources to not only equip our health facilities but to adequately pay our doctors, nurses, and other critical medical personnel for their work.

The Ministry of Health and Wellness is responsible for ensuring the provision of an adequate, effective, and efficient health service for the population of Jamaica to the Government's network of 23 hospitals and over 336 health centres and specialised institutions islandwide.

Its vision is: 'Healthy People, Healthy Environment'. It envisages a client-centred health system that guarantees access to quality health care for everyone in our population at reasonable costs, and takes into account the needs of the vulnerable among us. Furthermore, it seeks to provide information and educate the populace to facilitate individuals taking responsibility for their health, making informed decisions, and adopting healthy lifestyle habits. All this is within a clean, healthy environment where families and communities actively participate and are integrated into the health system. (Estimates of Expenditure 2023-2024)

For this financial year, the health ministry received recurrent and capital budgets of $115.8 billion (US$751 million) and $6.428 billion (US$41.74 million), respectively. Combined gives a per capita allocation of $43,652 (US$283.46) for health expenditure for each Jamaican annually.

A cursory glance at some countries with leading public health-care systems spends approximately 10 per cent of their gross domestic product (GDP) on funding them. According to 2019 World Bank data, their government per capita spending amount to the following: USA, US$10,921; Denmark, US$6,003; Germany. US$5,440; Canada, US$5,048; and the UK, US$4,312.

In our region, other examples of the government per capita spending for 2019 on public health care include: Trinidad and Tobago, US$1,167; Barbados, US$1,143; Cuba, US$1,032; Dominican Republic, US$491; and Jamaica, US$347. (*www.worldbank.org*)

Two of the ministry's objectives are to:

(1) advocate for an average annual increase of 6.5 per cent of the budget allocated to the health ministry and its agencies; and

(2) attain the World Health Organization's (WHO) benchmark of 6 per cent of GDP for government expenditure on health by 2030.

But how will we increase our budget for the public health sector if we do not prioritise growing our economy to provide the resources? What is the short-term solution?

In 2022 Jamaica received 3.3 million visitors. Unlike traditional tourism, which gives revenues of US$113 per person per day spent by stopover visitors, medical tourism has the potential to generate higher earnings of approximately US$1,300 per medical tourist per day. Today, the global medical tourism market accounted for US$104.68 billion in 2019 and is projected to reach $273.72 billion by 2027. Now, more than ever, Jamaica must develop a medical tourism sector to capitalise on this growing global trend.

We are ideally suited to become a leader in medical tourism. However, we lack proactive speed in government policy and an intense focus to succeed in this industry. The mindset required to take advantage of this opportunity must begin with removing all Customs duties on medical equipment. With ongoing rapid advances in medical technology, diagnostic equipment becomes obsolete very fast. Therefore, imposing Customs duties on medical equipment is counterproductive for our overall health-care sector.

The Government would get more from the income tax charged on the doctors versus the one-off duty charge for the importation of first-generation, advanced technological equipment needed to create the necessary facilities. This would naturally develop into public/private partnerships and redound to the best interest of Jamaica's overall health care system, as it would also give more Jamaicans access to modern equipment at lower costs. In addition, incentivising doctors to build their capacity could lessen the pressure on the public sector.

What's more, if we developed this industry, it would ensure that our best and brightest medical minds are kept in Jamaica and not leave the country based on the frustrating working conditions.

Our tax structure has remained the same for years. We need to rebalance how we

that we de-incentivise individuals already paying their fair share of taxes. However, in 2015, as finance minister, Peter Phillips reduced the tax rate allowing us to collect more in taxes because of better compliance. No doubt, a rising tide lifts all boats; therefore, if we make it better for the most vulnerable among us, we will all live a better life in Jamaica.

Therefore, I propose revisiting and prioritising some areas of tax collection for specific purposes. For example, hotels which are mostly foreign-owned get a windfall every time there is a devaluation. It's time that hotels fund the Jamaica Tourist Board (JTB) directly to take the burden off the average taxpayer. The direct taxes collected from us taxpayers to fund the JTB could be redirected to the Ministry of Health and Wellness, in addition to giving adequate health insurance to tourist workers.

Quantum leaps are not achieved by pursuing more of the same. Instead, we must decide, as a nation, what is vital to our people. We have been following the same roads the same way for far too long, achieving only mediocre results in exports, education, agriculture, public infrastructure, and so on. We need to stop and make some radical changes to how we have been governing.

Giving our people a good education and essential health-care services are two critical areas that need immediate attention to transform our country.

Lisa Hanna is Member of Parliament for St Ann South Eastern, People's National Party spokesperson on foreign affairs and foreign trade, and a former Cabinet member.

borgenproject.org /quality-health-care-in-jamaica/

Access to Quality Health Care in Jamaica

Kim Thelwell ⁝ 6-8 minutes ⁝ 6/24/2023

In an interview with The Borgen Project, native Jamaican Shamella Parker describes the dire consequences of a lack of access to quality health care in Jamaica. On an evening in February 2023 in Montego Bay, Jamaica, Parker's aunt Mary, a live-in cook, shared a dish with her employer containing susumba, commonly known as gully bean, a type of green berry popular in Jamaica. Shortly after the meal, both Mary and her employer fell ill.

The man's family took him to a nearby hospital. "The hospital that he went to, I believe they treated him on the spot because he was wealthy and I guess known in the neighborhood, but my aunt – not being as wealthy – went to another hospital in the area where she was from," said Parker. In contrast, Mary went to a hospital in St. Catherine and spent a long time waiting to be attended to in the waiting room despite being an emergency case. Eventually, she lost consciousness and became unresponsive. Nurses and doctors attempted to revive her, but it was too late. Parker and Mary's husband feel the hospital did not do all it could to save her.

According to Mary's husband, the forensic pathologist was away at his wife's time of death. For example, in 2015, the Jamaican government employed only two forensic pathologists who perform autopsies for everyone who does not have insurance. When

Mary's husband returned, the pathologist deemed Mary died of an accident – consumption of a poisonous seed. But, to Mary's family, unequal access to prompt and quality health care in Jamaica stood as the true cause.

A Public Health Crisis

Jamaica's iconic reggae and beaches backdrop a public health crisis. The legacy of the colonial slave-based economy birthed the traumatic, post-emancipation public health care system present in Jamaica today. Health care is a dimension of poverty on the island; the Multidisciplinary Poverty Index (MPI) of 2022 estimated that 78,000 Jamaicans lived in multidimensional poverty in 2020. The Index splits poverty into three dimensions – health, education and standard of living – and scales the intensity of deprivations for each. Compared to selected other Caribbean and Latin American countries at that time, health care deprivation was greatest in Jamaica, at 52.2%; the next highest was Trinidad and Tobago at 45.5%.

Insurance and Unequal Access to Quality Health Care in Jamaica

The National Health Plan estimates that 500,000 out of 2.7 million Jamaicans have insurance. This means roughly 80% of Jamaicans do not have it and have to rely on public hospitals. These hospitals do not have enough equipment to meet this demand, with World Data estimating that there are 1.32 primary care doctors per 1,000 civilians and 1.7 hospital beds.

Many Jamaicans do not have insurance due to inflated premiums, rendering insurance inaccessible. Even those who have it are discouraged from exceeding the lifetime maximum benefit. As a result of poor insurance or lack thereof, many reserve medical attention for emergencies.

Just taking her aunt to the hospital, Shamella Parker said, meant "it was a serious thing… we do not just go to the hospital for anything."

Health Education

Non-communicable diseases (NCDs) comprise 79% of mortality in Jamaica. These include diseases such as diabetes, heart disease or cancer. Teaching healthy habits is one way to combat NCDs. Though there is a National School Feeding Programme, public schools increasingly apply the protocol with "unevenness," according to the Ministry of Education and Youth (MOEY) report.

As it is, many schools are not mandated to provide nutritional food, exercise programs or health classes that destigmatize illness. According to the Jamaican Health and Wellness Minister Dr. Christopher Tufton: "…there is actually a lost generation around that crisis, a cohort of citizens who unfortunately will have to spend the rest of their lives trying to make themselves as comfortable as they can…"

Transportation Infrastructure

Hospitals are difficult to reach. People often live far away from health centers and hospitals. Reliable infrastructure is essential for continual access to health care in Jamaica. However, rural roads are often unpaved, secluded and vulnerable to climate damage. Bad weather resulting in landslides and flooding is common and may disrupt transportation by "cut[ting] off access to health care, education and other essential services," according to a 2018 report. Blocked roads complicate transporting patients. Jamaica's "limited funding" for transportation maintenance causes drawn-out repairs when roads erode and bridges collapse.

Ongoing Efforts

In 2020, the Jamaican government signed the Vision for Health 2030, a 10-year health improvement strategy to reorder Jamaica's fragmented care. Alongside the Pan American Health Organization (PAHO), this plan tackles noncommunicable diseases and maternal health by increasing the number of hospitals on the island and modernizing services to boost equity and efficiency while delivering "higher technical quality."

In 2019, the government introduced the National School Nutrition Policy. This legislation forms part of the government's efforts to mandate healthy eating and exercise in young people. Its provisions include measures such as color-coding foods permitted in schools and providing competitions to incentivize healthy eating, according to the MOEY report.

Additionally, various efforts are underway to reform infrastructure, according to the National Development Plan (NDP). Goal 9 of the NDP includes the country's largest infrastructure project worth up to $800 million to upgrade roads and access to water, sewage and internet.

In 2016, UNICEF began assisting the government in adopting regulated, cold-chain transport. It is a temperature-controlled supply chain essential for reducing waste and improving the integrity of goods necessary for health services.

Looking Ahead

Efforts to address the public health crisis and improve access to quality health care in Jamaica are underway. The government's Vision for Health 2030 and collaboration with organizations like PAHO and UNICEF aim to modernize health care services, tackle noncommunicable diseases and enhance infrastructure. The introduction of the National School Nutrition Policy highlights efforts to promote healthy habits among young people. As these initiatives progress, there is hope for a more equitable healthcare system that prioritizes the well-being of all Jamaicans.

– *Caroline Crider*
Photo: Unsplash

jamaica-gleaner.com /article/lead-stories/20161114/treated-animals-jamaicans-decry-health-care-work…

'Treated like animals' - Jamaicans decry health care workers in new survey

Anastasia Cunningham ⁝ 4-6 minutes ⁝ 11/13/2016

Fed up with the poor treatment experienced at public hospitals, Jamaicans continue to give the country's public health-care system a failing grade, revealed a recently conducted survey of the health sector.

Health workers' rude attitude and lack of care and compassion, especially for the poor, terrible service and treatment, and the extremely long wait times to get through were the main things that irked persons who sought medical attention in the public sector.

In **The Gleaner**-commissioned study conducted by Johnson Survey Research Ltd, 44 per cent of the participants ranked the health-care system as 'not so good', compared to the miniscule four per cent who rated it as 'one of the best' in response to being asked how they would rate the health-care system in Jamaica.

Asked why they felt that way, 39 per cent said the wait time was too long and the service too slow; and 22 per cent said health-care workers didn't care, were rude, and offered poor service. In fact, 20 per cent of the respondents went as far as to say health-care workers "treat you like animals".

Polling 1,200 men and women between ages 18 and 65 during the month of September, the survey sought to gauge Jamaicans' view of the health-care system and the improvements needed.

Of the 75 per cent who believe Jamaicans do not have access to good-quality health care in the country, 57 per cent said the poor in the country were not cared for, hence one needed money in order to get proper health care.

Ann-Marie Anderson, who took her mother to the Kingston Public Hospital (KPH) a few months ago after she collapsed, is among the many Jamaicans who are complaining about the quality of care meted out at public hospitals.

"We don't really have any money, so when she fell down in the kitchen, wi rush her to public. Mi nah lie. Mi wish, mi wish mi had money. Is really the first I go to the emergency there, and because the nurse look at her and say she wasn't that serious, you know how long wi sit down there waiting before wi see a doctor?" she shared with **The Gleaner**.

She said she was at pains to leave her mother there, but after waiting several hours, she had no choice but to leave her in the waiting area and go to their Richmond Park, St

Andrew, home for clothing and other items. When she got back to KPH, her mother was still waiting.

"We practically spend the whole day before anybody pay her any mind and mi have to keep asking them. You should hear how them talk to mi till them all start ignore mi. One nurse make mi know them have real emergency, so I must stop bother them."

She continued: "Mek mi tell you something, you dead in this country if you get sick and don't have money."

Public-health nurse Karen McKenzie admitted that her colleagues could sometimes get "testy" with patients but pointed out that it was at most times out of frustration.

Working in the public-health sector for close to 17 years, including at three of the island's hospitals, the Christian said it was often "the grace of God that keeps me from exploding sometimes".

"It is not perfect. We don't have enough staff. We don't have the things we need. We have to work two shifts sometimes, all three if the person to come relieve you don't come, and you have to put up with a lot of things from the patients. I know they say nurses rude to them, but you should hear some of the things that come out of them mouth. You should hear how them threaten us all the time," she told **The Gleaner**.

"Two wrongs don't make a right, but respect goes both ways. Both the nurses and the patients and the people who come with them have to do better in how them deal with one another."

McKenzie is calling for the authorities to provide the necessary resources to help ease the burden on the health workers. She also echoed the cry that if nurses were paid better wages, there would be enough to have an equitable nurse-to-patients ratio.

Stakeholders have long been calling for the Government to adequately fund the health sector in order for it to be properly resourced.

Jamaica spends on average five per cent of the gross domestic product (GDP) on the health sector, half of what is recommended by international authorities.

The health-care survey was sponsored by the National Health Fund and the Ministry of Health.

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THE CONVERSATION

Academic rigor, journalistic flair

Andy Rain/EPA

Men deported to Jamaica are being set up for failure

Published: December 9, 2020 10:53am EST

Margaret Byron

Associate Profesor in Human Geography, University of Leicester

For the second time in 2020, the media spotlight has fallen on the deportation of a group of men to Jamaica, many of whom had lived in Britain for a substantial part of their lives.

As with the Home Office's deportation flight in February 2020, some of these men had been convicted of offences and had served sentences handed down by the British legal system. As Jamaican-born, "foreigners", their status never allowed for redemption. Instead, the state's decision to resort to deportation means they are punished twice: first, through a prison sentence, then, sometimes years later, through a sentence of exile and separation from their relatives, partners and children in Britain.

Despite legal challenges and campaigning, many of these people are forced into a return to a country they left in many cases over two decades ago, often as children. A country that had ceased, in most senses, to be home.

Read more: ***Windrush generation: the history of unbelonging***

Several media outlets have used the term "foreign criminals" to describe these men. They take their cue from statements from the Home Office, which justify deportation as "public protection". Their status as fathers, sons, brothers, as members of hardworking, loving, contributing communities is entirely absent from these hostile representations. The label "foreign criminal" denies their humanity and denies that they belong within the border. This one-dimensional idea travels with the deportees, further limiting their integration possibilities and life chances on their return to Jamaica.

Lack of transparency in decision making

If 37 of the 50 people deemed deportable by the state were removed from the cohort days, hours even, before the flight, it brings into question the very legality of the deportation process. Initial legal challenges against deportation were largely successful, yet the outcome was the same: a rushed removal process that failed to recognise the rights of the proposed deportees.

The notion of the 'foreign criminal' in Jamaica precedes recent deportation flights. delaflow/Shutterstock

There was also talk of a quiet deal with the Jamaican government to exclude anyone from deportation who was under 12 years old when they came to the UK. The opacity of this decision and the apparently random limitation of "childhood" to under 12 years illustrates the inconsistency of these deportation decisions.

In a vulnerable place

Jamaica, like the rest of the Caribbean, is in many senses a migration-dependent society. Many decades of migration and remittances (money and goods sent home by migrants) have created an intolerance of empty-handed returnees. Success is measured in your ability to sustain your presence abroad and by extension, return must be a wealthy one.

Returnees, whether on a short or long-term basis, encounter expectant residents. Migrants are expected to return "with something tangible", to be generous. At times this dissuades people from visiting as they feel unable to meet expectations. Narratives of "empty letter from foreign" are ubiquitous. Migrants who come back with "empty pockets" are seen as unwelcome, failures even.

The notion of the "foreign criminal" (widely circulated by the British state via the Home Office and in the British media) precedes the deportation flight, exacerbating the "cloud of fear and insecurity" created by existing high crime rates in Jamaica.

In their report for the Inter-American Development Bank, Anthony D. Harriott, professor of political sociology at the University of the West Indies and Marlyn Jones, criminal justice professor at California State University, Sacramento, note that homicide rates in Jamaica peaked in 2009 at 62 per 100,000, the sixth-highest rate in the world. After a decline in crime rates after 2009, the number of homicides increased between 2013 and 2017, according to the Statistical Institute of Jamaica.

Most deportees live in poverty and do not have access to wealth. Pearl-diver/Shutterstock

In 2006, the late Jamaican scholar Professor Bernard Headley usefully contextualised the "deportee phenomenon" within the wider reality of increasingly high crime rates affecting Jamaican society. The associated "blame narrative" which dominated Jamaican media and official government statements at the time incorporated deportees, often without substantiation, as "an indistinguishable lot of 'rejects' sent back home to recreate for themselves disquieting, violent existences – in a land they departed years ago".

Those issues still persist. Few in Jamaica would welcome arrivals with the "deportee" label. In a relatively small society, it is difficult to arrive discreetly. Rumours abound – and news of the deportation of "criminals from England" is likely to define the experience of the arrivals.

The majority of deportees are poor and do not have wealthy connections who could or would wield influence on their behalf in Jamaica. Funding to the National Organisation of Deported Migrants (NODM), the main source of support to deportees in Jamaica, has faced severe funding cuts over the past couple of years.

As Luke De Noronha, the Simon Research Fellow at the University of Manchester, wrote in his 2019 paper, Deportation, racism and multi-status Britain: immigration control and the production of race in the present, support from local charities is critical to the survival of returnees. But, according to research published in 2010 by Christopher A D Charles, a professor in political and social psychology at the University of the West Indies, a combination of displacement from their home and family in Britain, few relatives in Jamaica combined with hostility from the local state and society given the deportation process and the "criminal" label leaves deportees with few options.

Though relatives and friends can be helpful in some deportees' experiences, long term, the outlook is not good. Deportees tend to survive on financial help from relatives in the UK, while being painfully aware of the increased pressure on those family members in Britain, as well as their own failure to provide. Communication is difficult as telephone and internet charges are more expensive and face-to-face contact is limited. Visits from Britain seem impossibly expensive. The resulting transnational households, stretched across international borders, are fragile.

With these issues to contend with – and at this particularly cruel time of COVID-19 in Britain and Jamaica – the ability to help a deported partner, parent or relative is severely reduced.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number EAC2409050223		**Case Type** I918 - PETITION FOR U NONIMMIGRANT STATUS
Received Date 12/22/2023	**Priority Date**	**Applicant** A031 257 320 PANTON, ROBERT SAVIO
Notice Date 01/17/2024	**Page** 1 of 2	**Beneficiary** A031 257 320 PANTON, ROBERT SAVIO

NATIONAL IMM JUSTICE CENTER
c/o OLIVIA ABRECHT
224 S MICHIGAN AVE STE 600
CHICAGO IL 60604

Notice Type: Receipt Notice
Fee Waived

We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.

Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.

Contacting the Agency

If your safe mailing address changes and you do not have an attorney of record or representative on your case you must submit your address change in writing, with your signature, to the center with jurisdiction over your filing. Otherwise, you might not receive notice of your action on this case. If any other changes need to be made you also must contact the center with jurisdiction over your filing in writing. Please include what changes need to be made and your signature.

If any of the information in your notice is incorrect or you have questions about your case, you can reach USCIS at www.uscis.gov/contact, utilizing the available case inquiry options for "Inquiries for VAWA, T, and U Filings."

Vermont Service Center
U.S. Citizenship & Immigration Services
38 River Road
Essex Junction, VT 05479-0001

Processing time - Processing times vary by case type. Go to www.uscis.gov to see the current processing times listed by case type and office.

- View your case status on our website's Case Status Online page.
- You can also sign up to receive free email updates as we process your case.
- During most of the time while your case is pending, the processing status will not change. This is because we are working on cases that were filed before your case.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.
- If you do not receive an initial decision or update from us within our current processing time, visit our website at www.uscis.gov for options for submitting an inquiry.

Biometrics - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:

- A passport or national photo ID issued by your country,
- A driver's license,
- A military photo ID, or
- A state-issued photo ID card.

If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.

Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

If this is an interview or biometrics appointment notice, please see the back of this notice for important information. Form I-797C 10/13/21

J

Executive Office for Immigration Review

Board of Immigration Appeals
Office of the Clerk

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Falls Church, Virginia 22041

Abrecht, Olivia
National Immigrant Justice Center
P.O. Box 818
Chicago, IL 60690

DHS/ICE Office of Chief Counsel - CHD
55 EAST MONROE, SUITE 1400
Chicago, IL 60603

Name: PANTON, ROBERT SAVIO **A031-257-320**

Type of Proceeding: Removal **Date of this notice: 4/15/2024**

Type of Motion: MTR BIA-REO **Filed by:Alien**

FILING RECEIPT FOR MOTION

The Board of Immigration Appeals acknowledges receipt of your motion and fee or fee waiver request (where applicable) on 4/12/2024 in the above-referenced case.

NOTICE TO PARTIES – DHS/ICE prosecutorial discretion: The Board is aware that DHS has issued memoranda regarding its enforcement priorities and framework to exercise prosecutorial discretion (memoranda are available on U.S. Immigration and Customs Enforcement (ICE) website at www.ice.gov). See EOIR PM 21-25, Effect of Department of Homeland Security Enforcement Priorities, available at www.justice.gov/eoir. The parties may wish to assess whether this matter remains an enforcement priority and whether the exercise of prosecutorial discretion is warranted. However, as there are prohibitions on DHS's authority to exercise its prosecutorial discretion (e.g., individuals subject to mandatory detention pursuant to sections 236(c) and 241 of the Immigration and Nationality Act, 8 U.S.C. 1222(c) and1231, all inquiries regarding an individual respondent/applicant's eligibility for prosecutorial discretion must be made directly to DHS/ICE. If the parties jointly agree to the exercise of prosecutorial discretion, or if ICE otherwise intends to exercise some form of prosecutorial discretion, a motion should be filed with the Board to this effect and it should clearly contain the caption "EXERCISE OF PROSECUTORIAL DISCRETION" on the front of the motion.

PLEASE NOTE:

Filing a motion with the Board of Immigration Appeals DOES NOT automatically stop the Department of Homeland Security from executing an order of removal or deportation. If you are in DHS detention and are about to be deported, you may request the Board to stay your deportation on an emergency basis. For more information, call BIATIPS at (703) 605-1007.

In all future correspondence or filings with the Board, please list the name and alien registration number ("A" number) of the case (as indicated above), as well as all of the names and "A" numbers for each family member who is included in this motion.

If you have any questions about how to file something at the Board, please review the Board's Practice Manual, found within the EOIR Policy Manual at www.justice.gov/eoir.

Certificate of service on the opposing party at the address above is required for ALL submissions to the Board of Immigration Appeals -- including correspondence, forms, briefs, motions, and other documents. If you are the Respondent or Applicant, the "Opposing Party" is the DHS Counsel at the address shown above. Your certificate of service must clearly identify the document sent to the opposing party, the opposing party's name and address, and the date it was sent to them. Any submission filed with the Board without a certificate of service on the opposing party will be rejected.

SalinasD